Limit	ed Lia	ability	Com	pany	(LLC
State	ment	of Me	mber	S	

(Government Code Section 84109)

Type or Print in Ink.

Amendment Check box if an Amendment			Date Stamp	california 409
10	/ з	22		For Official Use Only
Date qualification threshold met (Month, Day, Year)				

					,	, ,	, ,					
	LLC Information											
	LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE	OFFICER OR I	PRINCIPAL O	PAL OFFICER: PRINCIPAL/RESPONSIBLE OFFICER PHONE #: PRINCIPA							
	DNR Management LLC	NR Management LLC Richard Shalhoub Jr			415-389-6800				form410@nmgovlaw.com			
	LLC STREET ADDESS:	CITY:	STATE:	ZIP CODE	: LLC	MAILING AD	DDESS (IF DIFFERENT):		CITY:	STATE:	ZIP CODE:	
	77848 Wolf Rd, Ste 200	Palm Desert	CA	92211								
	NAME OF COMMITTEE:			COMM	IITTEE	ID:	COMMITTEE PHONE NU	JMBER:	COMMITTEE EMAIL	ADDRESS:		
	DNR Management LLC			Not y	et iss	ued	415-389-6800		form410@nmgovlaw.com			
	COMMITTEE STREET ADDESS:	CITY:	STATE:	ZIP CODE	P CODE: COMMITTEE MAILING ADDESS (IF DIFFERENT): CITY:		CITY:	STATE:	ZIP CODE:			
	2350 Kerner Blvd., Ste. 250	San Rafael	CA	94901								
. Members (If any members are other LLCs, further disclosure is required in Part 3.)												
	FULL NAME		MEMBERSHIP TYPE				CAPITAL CONTRIBUTION PLETE IF MEMBER HAS MET ENTRIBUTION THRESHOLD)		MULATIVE CAPITAL FRIBUTIONS TO LLC		ENTAGE HIP INTEREST	
	Richard Shalhoub Jr	■ MEMBERSH	■ MEMBERSHIP 10% OR GREATER				1		00%			
Richard Shairloub Ji			CAPITAL CONTRIBUTIONS \$10,000 O		MORE						00 /6	
	☐ MEMBERSHIP 10% OR GREATER											
	☐ CAPITAL CONTRIBUTIONS \$10,0			\$10,000 OR I	MORE							
	☐ MEMBERSHIP 10% OR GREATER											
	CAPITAL CONTRIBUTIONS \$10,000				MORE							
	☐ MEMBERSHIP 10% OR GREATER											
CAPITAL CONTRIBUTIONS \$10,000				\$ \$10,000 OR I	MORE							
	Names of Member LLCs Listed	in Part 2										
	NAME OF LLC LISTED IN PART 2				FULL NAMES OF MEMBERS							

4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the Statement and, to the best of my knowledge, the information contained in it is true and complete.

10/11/2022 Executed on _____

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SIGNATURE

FPPC Form 409 (Nov/2021)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)